



## BOOKING FORM / STUDENT / FAMILY DETAILS

**NO APPLICATION WILL BE CONSIDERED WITHOUT THE FOLLOWING:**

- Complete **BOOKING** form
- Pay R400 **Booking Fee**  
(Can be paid in cash at finance office or email Proof of Payment / EFT)
- **BIRTH CERTIFICATE**
- Attach latest school report (Gr1-12 only)
- Submit 4 x ID photos of student (Gr 4-12 only)

### **SCHOOL TOURS: WEDNESDAYS 09H00-12H00**

1. Full name(s) of **PARENT(s)** :

Father : ..... Surname : .....

Mother : ..... Surname : .....

Marital Status : ..... Home language : .....

2. Full name of **STUDENT** .....Grade entering:.....

Surname : ..... Nationality: .....

I/We would like our child to attend the school as from : (YEAR) .....

Date of birth : ...../...../..... Current age: .....

Age when entering Grade : ..... Gender: Male / Female : .....

3. Residential address : ..... Postal address : .....  
.....  
.....

**Parents' place and address of employment :**

Father : ..... Mother : .....  
.....

Occupation : ..... Occupation : .....

Work telephone : ..... Work telephone : .....

Home telephone : ..... Home telephone : .....

Father's cell : ..... Mother's cell : .....

Father's e-mail : ..... Mother's e-mail : .....

**NB : ALL ADDRESS AND TELEPHONE NUMBER CHANGES MUST BE ADVISED**

4. Church attending : .....

Pastor/Rev/Priest : ..... Telephone : .....

Family's involvement (is the letter from your Pastor/Rev/Priest attached?) : .....

5. School now attending : ..... Grade : .....  
 Principal : ..... Telephone : .....  
 Current School's Email Address (print clearly) .....  
 Reason for wanting to leave your current school: .....
6. Have you ever applied at The King's School West Rand before? : ..... When : .....
7. Have you ever attended at The King's School West Rand before? : ..... When : .....
8. Reasons for wanting to attend this school : .....
- I/We ..... Parent/s of .....  
 agree that the above information is correct.
  - I/We request that our child be enrolled in the **AFTERCARE**: YES ..... NO .....  
 Father's signature : ..... Mother's signature : .....  
 ID Number : ..... ID Number : .....

**HOW DID YOU HEAR ABOUT US:** \_\_\_\_\_

**R400.00 Booking Fee to be paid into :**

**THE KING'S SCHOOL WEST RAND**  
 ABSA HORIZON  
 405 853 3552  
 632005

**E-MAIL TO [admissions@kswr.org.za](mailto:admissions@kswr.org.za) OR**  
**ATTENTION: Michelle Dos Ramos (Admissions)**

The **R400** per child **does not** guarantee a space, nor is it refundable.

**FOR OFFICE USE**

**Booking Fee R400**

Date Paid	
Amount Paid	
Receipt No	